**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION**
**DIVISION OF WATER QUALITY**
**FORM R GENERATOR – DOMESTIC**
**(FOR USE WITH DISCHARGE CATEGORIES A, DGW, 04, 4G, S1G, S2G, S3G AND S4G)**

Reset Form

***Refer to Appropriate Completeness Checklist and Instructions. Provide All Applicable Information.***
***If you need assistance in completing Form R, contact the Bureau of Pretreatment and Residuals at (609) 633-3823.***
***Please Print or Type. (Attach additional sheets if necessary)***

***SUPPLEMENTAL APPLICATION FORM TO NJPDES-1 FOR NJPDES RESIDUAL PERMITS***

# PART A. GENERAL INFORMATION

## A1. Screening Information

Does/will the facility generate a residual (including septage from a septic tank) as a by-product of the treatment of domestic wastewater?

☐ Yes ☐ No

***Residual* means a solid waste that consists of the accumulated solids and associated liquids which are by-products of a physical, chemical, biological, or mechanical process or any other process designed to treat wastewater or any other discharges subject to regulation under the State Act. For purposes of this form residual includes, but is not limited to, domestic sewage sludge and domestic septage.**

If you answered "no", only complete and submit this page and a signed certification page (Part C). (Note, however, industrial residual generators, including treatment works designed to treat drinking water, must complete Form R Generator – Industrial.)

## A2. Facility Information

a. Name of facility: _____

b. Facility contact: Name: _____
Title: _____ Phone: _____
Email (*optional*): _____

c. Facility location: Street or Route #: _____
County: _____
City or town: _____ State: _____ Zip: _____

d. Facility mailing: Street or Route #: _____
City or town: _____ State: _____ Zip: _____

e. Facility design influent flow (wastewater) rate: _____ mgd

f. Is wastewater treatment at this facility limited only to a septic tank treating domestic wastewater?
☐ Yes ☐ No

# PART B. GENERATION OF RESIDUAL

## B1. Residual Amount Generated On Site

a. Is there any industrial flow included in the influent to the domestic wastewater treatment plant?

☐ Yes ☐ No (If yes, percent of total influent flow: _____%)

b. Volume and types of residual and/or grit and screenings generated on-site:

Sewage sludge (dry metric tons per 365-day period): _____

Domestic septage (gallons per 365-day period): _____

Other (describe_____): (dry metric tons per 365-day period): _____

## B2. Types of Residual Received from Off Site

a. Please indicate if your facility receives, or will receive, the following types of residuals from another facility for treatment, use, or disposal.

| | | | |
|---|---|---|---|
| Liquid Sewage Sludge | ☐ Yes ☐ No | Grease | ☐ Yes ☐ No |
| Dewatered Sewage Sludge | ☐ Yes ☐ No | Industrial Sludge | ☐ Yes ☐ No |
| Domestic Septage | ☐ Yes ☐ No | Other:_____ | ☐ Yes ☐ No |

b. Describe the location(s) where customer residuals are added and indicate on line drawing required in B4 below (attach additional pages if necessary).

_____

_____

_____

## B3. Types of Residual Removed from Your Site

**Where a facility generates different types of residuals that are removed separately for use or disposal, separate composite samples for each different type of residual shall be analyzed and reported pursuant to SQAR.**

Does/will the facility remove more than one type of residual? ☐ Yes ☐ No

If yes, please describe the different types of residuals (attach additional pages if necessary).

_____

_____

_____

## B4. Line Drawing

a. Attach a detailed line drawing of residual flow through the facility that identifies all units where residual is generated and all residual treatment units, including all processes used for collecting, dewatering, storing, or treating residual, and the destination(s) of all liquids and solids leaving each unit (include on the line drawing the point where any chemicals are added and the type of chemical that is added).

b. Provide a narrative description of the line drawing required in B.4.a above, including information on any blending, treatment, or other activities that may change the quality of the residual (attach additional sheets as necessary):

_____

_____

_____

_____

_____

_____

_____

c. Provide a description of residual use and disposal practices:

_____

_____

_____

_____

## B5. Contractor Information

Are any operational or maintenance aspects of this facility related to residual generation, treatment, use or disposal the responsibility of a contractor (include current contractor(s) for hauling and/or use or disposal)?

☐ Yes ☐ No

If yes, provide the following for each contractor (attach additional pages if necessary).

Name: _____

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

Phone Number: _____

Responsibilities of contractor (if out-of-state use or disposal, provide permitting authority contact and permit number):

_____

_____

_____

## B6. Residual Quality Information

**SEPTAGE ONLY FACILITIES OR DOMESTIC TREATMENT WORKS WITH A PERMITTED FLOW LESS THAN OR EQUAL TO 20,000 GPD SKIP TO PART C - ALL OTHER DOMESTIC TREATMENT PLANTS CONTINUE FROM B6**

**For new facilities, a residual sample must be taken; analyzed for the metals and other selected chemical parameters listed in Appendix, Table I of the Sludge Quality Assurance Regulations (N.J.A.C. 7:14C); and reported within 90 days of the start of operation.**

## B7. Residual Sampling Plan

**Each domestic treatment works shall develop and maintain on file a residual sampling plan that details its sampling and analytical procedures (SQAR at N.J.A.C. 7:14C-1.6).**

a. Describe the intended sampling location(s) and the rationale for choosing such location(s) (Where a treatment works generates different types of residuals that are removed separately for use or disposal, or where a treatment works accepts customer sludge or septage, separate sampling points for each different type of residual may need to be established):

_____

_____

_____

_____

_____

b. Describe the sampling equipment to be used (sampling device, container type and size, and container cover):

_____

_____

_____

_____

c. Describe the procedure to be used for cleaning/decontamination of sample containers and sampling equipment (See *New Jersey Sludge Sampling and Analytical Guidance Document*, Chapter 4):

_____

_____

_____

## B7. Residual Sampling Plan continued

d. Describe in detail the procedure to be used for collecting the sample(s) to ensure the sample obtained for analysis is representative of the residual removed for use or disposal, include a schedule for days and times of sample collection, the procedures to be used to obtain a representative sample from the chosen sampling point, and the procedures to be used to mix composite samples (See *New Jersey Sludge Sampling and Analytical Guidance Document*, Appendix E):

_____

_____

_____

e. Describe the sampling method(s) (that is, Grab v. Composite), the number of samples to be taken per sampling event and the interval between grabs (include sample size by weight or volume.), and the frequency of the sampling event(s). (Note, different parameters or groups of parameters may require different sampling methods and/or locations.):

_____

_____

_____

f. Provide the name of the person who will take the sample(s) and his/her qualifications:

_____

_____

_____

g. Provide the name and address of all laboratories to be employed, including sub-contracting laboratories (if multiple labs, indicate which groups of parameters each lab is responsible for):

_____

_____

_____

## B7. Residual Sampling Plan (continued)

h. Provide the frequency of analysis and the analytical methods requested for the following parameters. Note, sample holding times are indicated for use with your certified laboratory (see *New Jersey Sludge Sampling and Analytical Guidance Document*, Appendix A, for additional information, including information on Target Reporting Levels[2]):

| PARAMETER | FREQUENCY OF ANALYSIS | ANALYTICAL METHOD | HOLDING TIME |
|---|---|---|---|
| Total Solids, (percent by weight) | | SM Method 2540G | 7 days |
| Arsenic, total | | | 6 months |
| Beryllium, total | | | 6 months |
| Cadmium, total | | | 6 months |
| Calcium, total | | | 6 months |
| Chromium, total | | | 6 months |
| Copper, total | | | 6 months |
| Lead, total | | | 6 months |
| Mercury, total | | SW-846 Method 7471 | 28 days |
| Molybdenum, total | | | 6 months |
| Nickel, total | | | 6 months |
| Nitrogen, Total Kjeldahl (TKN) | | | 28 days |
| Nitrogen, Ammonia (NH3-N) | | | 28 days |
| Nitrogen, Nitrate (NO3-N) | | | 28 days |
| Phosphorous, total | | | 28 days |
| Potassium, total | | | 6 months |
| Selenium, total | | | 6 months |
| Zinc, total | | | 6 months |
| *Radionuclides (pCi/g)*[1] | | | 6 months |
| *Dioxins and PCBs*[1] | | EPA Method 1613<br>and EPA Method 1668 | 14 days |

[1]**case by case – see the SQAR, Appendix, Table I**

[2]**Target Reporting Level** is a performance goal set greater than the lowest, technically feasible detection limit for routine analytical methods and equal to or less than the available regulatory criteria or guidelines. Detection limits reported by the analytical lab must be low enough to ensure that the presence of compounds of concern can be ruled in or ruled out at or below the predetermined limit.

**DOMESTIC TREATMENT WORKS WITH A PERMITTED FLOW LESS THAN 1.0 MGD SKIP TO B7.j.– DOMESTIC TREATMENT PLANTS WITH A PERMITTED FLOW EQUAL TO OR GREATER THAN 1.0 MGD CONTINUE WITH B7 i.**

i. Provide the frequency of analysis and the analytical methods requested for the following parameters. Note, sample holding times are indicated for use with your certified laboratory (see *New Jersey Sludge Sampling and Analytical Guidance Document*, Appendix A, for additional information, including information on Target Reporting Levels):

| PARAMETER | FREQUENCY OF ANALYSIS | ANALYTICAL METHOD | HOLDING TIME |
|---|---|---|---|
| Antimony, total[1] | | | 6 months |
| Silver, total[1] | | | 6 months |
| Thallium, total[1] | | | 6 months |
| Cyanide, total[1] | | | 14 days |
| Volatile Organic Compounds[2] | | | 14 days |
| Acid Extractable Compounds[3] | | | 14 days |
| Base Neutral Compounds[4] | | | 14 days |
| Pesticides and PCB's[5] | | | 14 days |

[1]As required pursuant to the SQAR, Appendix, Table II
[2]As required pursuant to the SQAR, Appendix, Table III
[3]As required pursuant to the SQAR, Appendix, Table IV
[4]As required pursuant to the SQAR, Appendix, Table V
[5]As required pursuant to the SQAR, Appendix, Table VI

## B7. Residual Sampling Plan continued

j. Describe the post-collection sample handling procedures employed to maintain sample integrity. This description should explain how the samples will be preserved and transported, how the holding times will be met, and whether a chain-of-custody is required (See *New Jersey Sludge Sampling and Analytical Guidance Document*, Appendix E):

_____

_____

_____

_____

k. Describe sample documentation procedures, specifically, describe those elements to be included in a field logbook (see *New Jersey Sludge Sampling and Analytical Guidance Document*, Appendix F):

_____

_____

_____

l. Describe how the following elements of the sampling event will be reported to the certified laboratory:

1) What chemicals are added during sludge processing (alum, ferric chloride, lime, organic polymer etc.): _____
2) analytical methods and target reporting levels (see above): _____
3) treatment process conditions or deviations: _____
4) other: _____

m. Provide a description of record-keeping procedures. The description should explain what information will be retained and for how long, and how the information will be stored:

_____

_____

## B8. Additional Information

**Review the following to determine if additional Supplemental Form R applications are required to be submitted with this application.**

1. **FORM R: REED BEDS**
   Supplemental Form R: Reed Beds must be completed by applicants who own or operate a residual reed bed.
2. **FORM R: SURFACE DISPOSAL**
   Supplemental Form R: Surface Disposal must be completed by applicants who own or operate a residual surface disposal site (active or inactive).

**For copies of Supplemental Form R applications visit http://www.state.nj.us/dep/dwq/forms_residuals.htm. If you have specific questions or need assistance in completing any Supplemental Form R application, contact the Bureau of Pretreatment and Residuals at (609) 633-3823.**

## PART C: CERTIFICATION

**Read and submit the following certification statement with this application.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly, or negligently submitting false information.

Signature of Officer: _____

Name of Officer: _____
(type or print)

Official Title: _____

Telephone Number: (____) _____

Date Signed: _____